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APPLICANTS

Yuri Okunev, Southbury, CT;
 Yuri Goldstein, Southbury, CT;

**** CONTINUING DATA** *****NONE K.

**** FOREIGN APPLICATIONS** *****NONE K.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..
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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CT	6	34	4
Verified and Acknowledged	Examiner's Signature <i>JK</i> Initials				

ADDRESS

David P. Gordon, Esq.
 65 Woods End Road
 Stamford, CT 06905

TITLE

Convolution interleaver and deinterleaver for systems with error correction encoding

FILING FEE RECEIVED 538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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